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CONTENTS

Case Taking and Writing Papers 85
Control of the New Journal 86

Book Notices:
The Ophthalmic Year Book, Vol. XIII 87
Transactions of the Second Colorado Ophthalmological Congress, 1916 88

Index of Ophthalmology:
Diagnosis, Therapeutics, Operations, Refraction, Ocular Movements 88
Cornea and Sclera, Anterior Chamber and Pupil, Uveal Tract 89
Sympathetic Disease, Glaucoma, Crystalline Lens, Vitreous, Retina 90
Toxic Amblyopias, Optic Nerve, Visual Tracts and Centers, Eyeball, Lacrimal Apparatus, Lids 91
Orbit, Tumors, Injuries, Pathology 92
General Diseases, Hygiene, Ophthalmic Sociology and History 93

Abstracts From Foreign Journals:
Extirpation of the Lacrimal Glands 93
Trachomatous Pannus in the Form of Tumors 94
Porges' Reaction for Syphilis in Ophthalmology 95
Congenital Abducens Paralysis 95

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CASE TAKING AND WRITING PAPERS.

Case reports furnish the basis for a large part of the literature of ophthalmology, and taking notes of cases may be the most important part of training to produce such literature. There was a time when the general practitioner of medicine kept no notes of his cases. He relied on memory to recall the more important features of the remarkable cases; and looked at the bottle containing the medicine he had given, tasted it and smelled it to recall what it was. He gradually accumulated a store of rather indefinite impressions, which sometimes gave him a sort of intuition, and sometime entirely misled and puzzled their possessor. But in any case such impressions could not be transmitted and made useful to his colleagues.

The keeping of a note-book in which to enter prescriptions given, became more necessary when sugar coated pills and "elegant" pharmaceuticals replaced the crude drugs with characteristic taste and odor. Some kind of notes were needed when the doctor might have to face cross-examination on his earlier statements in medico-legal cases. But with many the stimulus to record more extended details regarding their cases, than it was possible to carry in the memory, came when they desired to report them. Then, too, a practitioner who desires to become a "specialist" soon realizes that for the higher grades of special skill more exact and detailed information is expected than memory can retain and supply. Hence note taking of his cases becomes an important part of his work.

The young man with relatively few cases to remember, and a fresh mind which receives impressions easily and strongly, has least need of the notes taken. But the taking of such notes can be of the greatest value to him as training in methodical effective observation and thought. An important part of the value of an interneship or clinical assistantship lies in the duty it implies of taking careful notes of cases. Such notes become of vital importance where two or more are concerned in the care of a case.

This recording of cases, if well done, is a very valuable part of training for the writing of papers or books. It demands constant exercise of the judgment as to what is worth writing down. The notes of a case may be as over-burdened with irrelevant and unimportant details as any published paper. Generally they are not. The mechanical labor of writing is an ever present objection to prolixity; and in case note-taking for use in practice, there is no pseudo-importance sought that will be estimated by the number of pages covered. There is rather a constantly present inducement to brevity. One is always seeking to set down what is important, and omit what is not.

Abbreviation and omission may be carried too far. Expressions

that are not clear, sentences that will not read smoothly, disfigure many scientific papers that contain facts of importance. But if one will get the habit of first setting down briefly the important thought, in shape that he can easily recognize, he will have the best basis on which to bestow the additional labor that all good writing entails. Good case notes can be expanded and arranged into a good article; which is impossible if the first draft is radically defective as to the matter it embodies.

Almost as important as the right selection of matter, and its brief, clear expression, is its proper arrangement. We are all accustomed to considering facts in some sort of order. A case is more easily grasped if the essential facts of its history are grouped together, then those of its course, the treatment that may have modified it, and the results that throw light upon it; or the pathologic findings that give significance to what has gone before. Such system is constantly to be striven for in case taking. Even though we often get important facts out of their proper order, convenience of reference to the history tends to keep up the effort to make case taking systematic.

It has been said it was necessary to spoil a hatful of eyes to learn to do a cataract extraction; but they need not be human eyes. It may be necessary to do a good deal of poor writing in order to learn to write good papers on ophthalmic subjects; but they need not be printed. The operator who would spoil many human eyes would lose the chance to operate on them; and the writer who prints all his poor papers will soon be avoided by readers and editors. But the place he can get practice in many of the essentials for a good paper is in taking notes of his cases. Let him give careful thought and attention to this; and it will add to the value and effectiveness of every paper he reads before a society, or publishes in a medical journal.

CONTROL OF THE NEW JOURNAL.

A journal published to serve the needs and interests of its readers, should in large measure be controlled by its readers. This requires some means of making their ideas and wishes effective. Giving advice to the editor as to how his journal ought to be run, or writing to him: "I don't like what you publish, stop my journal," has never proven very satisfactory. Where there can be free competition the possible withdrawal of patronage may do a good deal toward giving effect to the desires of readers. But in the matter of ophthalmic journals, competition must always be limited and very expensive.

The modern effective way seems to be control through a stock company. Not all readers will or can take stock in such a company. But if a considerable proportion do hold stock, all desires that are general among its readers will be known to and respected by the management of the company. To keep the stock in the hands of ophthalmologists, two effective measures will be: to keep down the dividends to a moderate return for money invested, so that the stock will not be especially attractive to speculators; and to provide for the calling in of stock that passes out of the possession of ophthal-

mologists, and re-issuing it to those who will be readers and contributors to the journal.

The amount of stock issued should be limited so that as little as possible of the receipts from the journal should go to paying dividends or interest charges. But it is desirable that the stock should be taken by as many American ophthalmologists as possible. Those who have expressed an interest in the matter will be given an opportunity to subscribe, but it may be that all the necessary capital will thus be offered without any more general appeal for subscriptions.

BOOK NOTICES.

The Ophthalmic Year Book, Volume XIII, containing a digest of the literature for 1916, edited by Edward Jackson, assisted by Theodore B. Schneideman, William Zentmayer, William H. Crisp, Casey A. Wood, Harry S. Gradle, Robert Henry Elliot, Hugo W. Aufmwasser, Meyer Wiener, Will Walter, Florence Mayo Schneideman, Nelson Miles Black, Charles Zimmermann, Thomas B. Holloway, D. Forest Harbridge, Charles P. Small, Emory Hill, William C. Finnoff, Marcus Feingold, and M. Uribe Troncoso. 8vo, 499 pages, 24 illustrations, and one colored plate. 1917. The Herrick Book and Stationery Company, Denver, Colorado. Price, $10.00.

In a book of reference the grouping together of all the important papers of a year, that refer to the same topic, is a great advantage. It may even be conceived that a longer period, two or three years, might be still better. One who is on the lookout for the "latest" on a particular subject would find it a long time to wait. But for the student who starts to go over all the literature of his subject, to have it all brought together in a few groups is a great assistance. The annual review of ophthalmology such as this book contains may be regarded as the convenient compromise. There is less reason for a more frequent publication, since the needs of him who wants the "latest" are met by the monthly Index of Ophthalmology.

The form of a digest of the literature adopted in this work differs essentially from that of a collection of abstracts each representing one special paper, such as are to be found in each issue of OPHTHALMIC LITERATURE. The abstract generally gives a better idea of the article dealt with. But for the digest it might be claimed that it more completely dissociates the essential thought from its adventitious surroundings, and unites it to the essential thought of other papers properly related to it. The abstract more clearly reproduces the original paper, the digest offers what the reviewer regards as its valuable thought in more readily assimilable form.

The consideration of these features of the Year Book is now timely because it is going to be more or less altered by inclusion in the merger of journals, as announced last month. It is to be hoped that all there is of real value in the present publication will be preserved; and discussion of what is of most value about it will assist toward that result.

The present volume is written and printed in close conformity with its predecessors. The essential parts are the digest of the literature, and the bibliography, supplemented by the index. On the whole the work has been a little better done than in former years. The presentation of the ophthalmic literature of the world, in so far as this was accessible in America during 1916, is a little more complete. From the former list of editorial workers Reber is missed with sorrow. But among the new collaborators we welcome Marcus Feingold and Uribe-Troncoso who by previous writings have demonstrated their fitness for such work.

Transactions of the Second Colorado Ophthalmological Congress, Denver, Colorado, 1916. 8vo, 112 pages, 34 illustrations, one colored plate. Published by the Congress.

This volume is quite similar to that recording the proceedings of the first Colorado Congress, except that it is rather smaller, and contains a larger proportion of papers by Colorado Ophthalmologists. Its reports of discussions are less prolix than those found in many transactions. They show the advantages of having been written out by the speakers, and edited by a secretary with a sense of literary responsibility; instead of being literally transcribed by a stenographer.

Index of Ophthalmology

DIAGNOSIS.

Determination of Visual Acuity. New York Med. Jour. v. 106, p. 277.

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Sanchez Aguilera, G. Diagnostic and Prognostic Importance of Visual Fields in Ocular Affections. Arch. de Oft. Hispano-Amer. v. 17, 6. 365.

Repeated Titles. **Villasevaglios** (7, p. 52) Ophth. Lit. v. 7, p. 84.

THERAPEUTICS.

Basterra y Santa Cruz. Ethylhydrocuprein in Ophthalmology. Arch. de Oftal. Hispano-Amer. v. 17, p. 462.

Bradburne, A. A. Modern Ocular Therapeutics. Med. Press and Circ. v. 104, p. 46.

Colloidal Cocain. Amer. Jour. Ophth. v. 34, p. 225.

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OPERATIONS.

Dubar, L. Paraffin Film in Dressing Eye. Progrès Méd. v. 32, p. 218.

Repeated Titles. **Lindner** (4, p. 148) Amer. Jour. Ophth. v. 34, p. 227.

REFRACTION.

Bruner, W. E. Headache of Ocular Origin. Cleveland Med. Jour. v. 16, p. 549.

Carhart, W. M. Refractive Errors Causing Retardation in School. New York Med. Jour. v. 106, p. 309.

Corry, M., and **Hari-Shanker, R. P.** Eye Strain. Ophthalmology, v. 13, p. 557.

Holloway, T. B. Instrument for Demonstrating Elementary Principles of Refraction. Sec. on Ophth. Coll. Phys. Philadelphia, Feb. 15, 1917.

Repeated Titles. **Kagoshima** (6, p. 27) Ophthalmology, v. 13, p. 868. **Mallwitz** (6, p. 99) Amer. Jour. Ophth. v. 34, p. 230. **Masuda** (6, p. 27) Ophthalmology, v. 13, p. 875.

OCULAR MOVEMENTS.

Briggs, H. H. Muscle Shortening Operation (3 ill.) So. Med. Jour. v. 10, p. 686.

Finlay, C. E. Paralysis of Superior Oblique from Ethmoiditis. Arch. de Oft. Hispano-Amer. v. 17, p. 310.

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Stähli, J. Movements of Eyes by Tests Applied to Ears. Corresp.-Bl. f. Schweizer Aerzte, v. 47, p. 849. Jour. Amer. Med. Assn. v. 69, p. 676.

Stapleton, E. A. Treatment of Strabismus. Med. Rev. of Rev. v. 23, p. 600.

Willetts, J. E. Cause, Significance, and Effect of Heterophorias on General System. Internat. Clin. v. 2, Series 27.

CONJUNCTIVA.

Allport, F. Vernal Conjunctivitis. Ophth. Rec. v. 26, p. 395.

Carpenter, E. W. Chancre of Bulbar Conjunctiva. So. Med. Jour. v. 10, p. 695.

Conlon, F. A. Essential Shrinking of Conjunctiva in Acute and Chronic Pemphigus. Boston Med. and Surg. Jour. v. 177, p. 206.

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CORNEA AND SCLERA.

Chance, B. Nodular Degeneration of Cornea. Sec. on Ophth. Coll. Phys. Philadelphia, Feb. 15, 1917.

Hopkins, R. B. Hypopyon Keratitis. Delaware State Med. Jour. v. 8, p. 6.

Kiilerich. Keratomalacia. Ugeskr. f. Laeger, v. 79, p. 631.

Marquez. Marginal Ectasia of Cornea. Siglo Med. v. 64, p. 386. Jour. Amer. Med. Assn. v. 69, p. 415.

Posey, W. C. Superficial Corneal Opacity, Probably Atypical Epithelial Dystrophy. Sec. on Ophth. Coll. Phys. Philadelphia, Jan. 18, 1917.

Urra, M. Treatment of Corneal Ulcers. España Oftal. May, 1917, p. 100.

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Walker, S. J. Corneal Transplantation; Experimental Data. (Bibl.) Ophth. Rec. v. 26, p. 383.

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Zentmayer, W. Conjunctivo-Keratoplasty. Sec. on Ophth. Coll. Phys. Philadelphia, Jan. 18, 1917.

Repeated Titles. **Kuriyama** (6, p. 29) Ophthalmology, v. 13, p. 868. **Kusama** (6, p. 29) Ophthalmology, v. 13, p. 874. **Masuda** (6, p. 29) Ophthalmology, v. 13, p. 870. **Ogawa** (6, p. 29) Ophthalmology, v. 13, p. 873. **Okayama** (6, p. 29) Ophthalmology, v. 13, p. 874. **Ourgaud,** (7, p. 40) Brit. Jour. Ophth, v. 1, p. 504. **Suganuma** and **Hoshiyama** (6, p. 29) Ophthalmology, v. 13, p. 867. **Watanabe,** (6, p. 29) Ophthalmology, v. 13, p. 873.

ANTERIOR CHAMBER AND PUPIL.

Reichman, F. Disorders of Pupil in Dementia Precox. Psychiatric Bull. Jan. 1917. Amer. Jour. Ophth. v. 34, p. 254.

UVEAL TRACT.

Repeated Titles. **Demaria** (7, p. 77) Arch. de Oft. Hispano-Amer. v. 17, p. 355. **Fusita** (6, p. 29) Ophthalmology, v. 13, p. 869. **Suganuma** (6, p. 29) Ophthalmology, v. 13, p. 871.

SYMPATHETIC DISEASE.

Repeated Titles. **Cousin** (7, p. 17) Brit. Jour. of Ophth. v. 1, p. 504.

GLAUCOMA.

Dernehl, P. H. Etiology of Primary Glaucoma. Wisconsin Med. Jour. v. 16, p. 79.

Ewing, A. E. Post-ciliary Trephining for Glaucoma. (4 ill.) Amer. Jour. Ophth. v. 34, p. 193.

Thomas, H. G. Etiology and Treatment of Glaucoma. Ophthalmology, v. 13, P. 582.

Zimmermann, C. Pathology of Glaucoma. Ophthalmology, v. 13, p. 588.

Repeated Titles. **Goldzieher** (6, p. 40) Ophthalmology, v. 13, p. 842. **Kumagai** (6, p. 30) Ophthalmology, v. 13, p. 872. **Morax** (7, p. 17) Brit. Jour. of Ophth. v. 1, p. 504.

CRYSTALLINE LENS.

Barraquer, I. Ideal Extraction of Cataract. España Oftal. May, 1917, p. 81.

Coderque, R. New Operation for Cataract. (5 ill.) España Oftal. May, 1917, p. 84.

Green, L. D. New Operation for Cataract. Ophthalmology, v. 13, p. 579.

Helfrich, C. H. Efficacy of Apis Mellifica in Cataract. Jour. Ophth. Otol. and Laryngol. Aug. 1917, p. 574.

Holloway, T. B. Bilateral Congenital Cataracts. Sec. on Ophth. Coll. Phys. Philadelphia, Jan. 18, 1917.

Ring Shaped Opacity in Posterior Portion of Lens. Sec. on Ophth. Coll. Phys. Philadelphia, Jan. 18, 1917.

Marquez. Extraction of Cataract. Arch. de Oftal. Hispano-Amer. v. 17, p. 385.

Suture of Cornea in Cataract Operation. Arch. de Oftal. Hispano-Amer. v. 17, p. 461.

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Santos Fernandez, J. Cataract Operation as done by Spanish and Latin-American Surgeons. Ophthalmology, v. 13, p. 576.

Technic in Extraction of Cataract. España Oftal. May, 1917, p. 87.

Zentmayer, W. Traumatic Notch in Lens. Sec. on Ophth. Coll. Phys. Philadelphia, Feb. 15, p. 1917.

VITREOUS.

Repeated Titles. **Salus** (4, p. 151) Amer. Jour. Ophth. v. 34, p. 328.

RETINA.

Argañaraz, R. Pigmented Retinitis. Revista de la Asoc. Med. Argentina, Buenos Aires, v. 26, p. 419.

Chance, B. Hole in Macula. Sec. on Opht. Coll. Phys. Phila. Feb. 15, 1917.

Dehogues, J. L. Hemeralopia in Cuba. Arch. de Oftal. Hispano-Amer. v. 17, p. 424.

Evans, J. J. Fundus Lesions in War Nephritis. Brit. Jour. Ophth. v. 1, p. 481.

Koyanagi, Y. Leukemic New Formation in Retina. (2 ill. Bibl.) Amer. Jour. Ophth. v. 34, p. 203.

Krauss, F. Thrombosis of Superior Branch of Retinal Vein. Sec. on Ophth. Coll. Phys. Philadelphia, Feb. 15, 1917.

Lo Cascio. Retinal Lesions in Diabetes Mellitus. Ann. di Ottal. e Clin. Ocul. v. 1, p. 310.

Rochat, G. F. Detachment of Retina. Nederl. Tijdschr. v. Geneesk. 1917, p. 1056.

Zentmayer, W. Unusual Type of Familial Retinal Degeneration. Sec. on Ophth. Coll. Phys. Philadelphia, Jan. 18, 1917.

Repeated Titles. **Frenkel** (7, p. 18) Brit. Jour. Ophth. v. 1, p. 504. **Fusita** (6, p. 30) Ophthalmology, v. 13, p. 873. **Haab** (7, p. 29) Jour. Ophth. and Oto-Laryngol. v. 11, p. 224. **Kirkpatrick** (7, p. 67) Ophth. Lit. v. 7, p. 83. **Masuda** (6, p. 30) Ophthalmology, v. 13, p. 877. **Okayama** (6, p. 30) Ophthalmology, v. 13, p. 869. **Weekers** (6, p. 68) Brit. Jour. Ophth. v. 1, p. 502.

TOXIC AMBLYOPIAS.

Galiana. Quinin Amblyopia. (6 ill.) Arch. de Oft. Hispano-Amer. v. 17, p. 457.

Hoeve, J. van der, and Mansholt, W. H. Injurious Action of Optochin on Eye. Nederl. Tijdschr. v. Geneesk, May 26, 1917, p. 1710. Jour. Amer. Med. Assn. v. 69, p. 598.

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Schiötz, I. Optochin Amblyopia. Norsk Mag. for Laeger., v. 78, p. 717. Jour. Amer. Med. Assn. v. 69, p. 500.

OPTIC NERVE.

Marin Amat, M. Peripheral Facial Paralysis of Right Side with Left Optic Nerve Atrophy Following Injury. Arch. de Oftal. Hispano-Amer. v. 17, p. 375.

Santos Fernandez, J. Desirability of Treating Atrophy of Optic Disc, Even if of Long Standing. Arch. de Oftal. Hispano-Amer. v. 17, p. 417.

Spiller, W. G., and de Schweinitz, G. E. Effect on Papilledema of Removal of Small Quantity of Cerebro-spinal Fluid by Lumbar Puncture. Jour. Nerv. and Ment. Dis. v. 46, p. 10.

Wallis, G. F. C. Papilledema in Relation to Gunshot Fractures of Mandible. Brit. Jour. Ophth. v. 1, p. 492.

Watkyn-Thomas, F. W., and Scott, R. L. Ethmoidal Injury with Papilledema, Abducens Palsy, and Other Ocular Lesions. (3 ill.) Brit. Jour. Ophth. v. 1, p. 484.

Repeated Titles. **Dantrelle** (6, p. 92) Brit. Jour. Ophth. v. 1, p. 502. **Gennerich** (7, p. 31) Amer. Jour. Ophth. v. 34, p. 231.

VISUAL TRACTS AND CENTERS.

Roelofs, C. O. Acuity of Central Vision. Nederl. Tijdschr. v. Geneesk, 1917, p. 1056.

Zeemann, W. P. C. Binocular Perception of Light. Nederl. Tijdschr. v. Geneesk., 1917, p. 265.

Repeated Titles. **Nakamura** (6, p. 31) Ophthalmology, v. 13, p. 875. **van Schevensteen** (6, p. 102) Brit. Jour. Ophth. v. 1, p. 503. **Velter,** (6, p. 92) Brit. Jour. Ophth. v. 1, p. 503.

EYEBALL.

Dimitry, T. J. Simple Enucleation and Evisceration of Eyeball, Unsurgical Techniques. So. Med. Jour. v. 10, p. 594.

Repeated Titles. **Komoto and Hari** (6, p. 32) Ophthalmology, v. 13, p. 873. **Kusama** (6, p. 32) Ophthalmology, v. 13, p. 869. **Oguchi** (6, p. 32) Ophthalmology, v. 13, p. 871.

LACRIMAL APPARATUS.

Repeated Titles. **Matzuoka** (6, p. 32) Ophthalmology, v. 13, p. 870. **Nagano** (6, p. 32) Ophthalmology, v. 13, p. 873.

LIDS.

Bernstein, E. J. Painless and Bloodless Removal of Chalazion without Lid Clamp. Jour. Amer. Med. Assn. Aug. 18, p. 532.

Montgomery, D. W. Local Treatment of Eczema of Eyelids. Interstate Med. Jour. v. 24, p. 786.

Schwenk, P. N. K. Plastic Operation for Cicatricial Ectropion. Sec. on Ophth. Coll. Phys. Philadelphia, Feb. 15, 1917.

Wilson, A. D. Herpes Zoster Ophthalmicus. So. West Med. v. 1, p. 31.

Repeated Titles. **Kitamura** (6, p. 32) Ophthalmology, v. 13, p. 868. **Komoto** (6, p. 32) Ophthalmology, v. 13, p. 870. **Unna** (7, p. 69) Amer. Jour. Ophth. v. 34, p. 225.

ORBIT.

Ideson, R. Acute Exophthalmos. Univ. Homeop. Obs. Lancaster, v. 17, p. 73.

Shand, J. Pulsating Exophthalmos. Jour. Roy. Nav. Med. Serv. 1917, p. 226.

Repeated Titles. **Sourdille** (7, p. 20) Brit. Jour. Ophth. v. 1, p. 503. **Watanabe** (6, p. 32) Ophthalmology, v. 13, p. 869. Yebara (6, p. 32) Ophthalmology, v. 13, p. 871.

TUMORS.

Castresana, B. Diagnosis of Beginning Sarcoma of Choroid. (7 ill. Arch de Oftal. Hispano-Amer. v. 17, p. 426.

Dermoid Tumor of Eyelid. Siglo Med. v. 46, p. 446.

Cecchetto, E. Retrobulbar Fibroma Operated on by New Process. (4, ill.) Ann. di Otal. e Clin. Ocul. v. 1, p. 307.

Desogus, R. Melanotic Sarcoma of Choroid. Tumori, Rome, April-May, 1917, p. 148.

Harbridge, D. F. Intraocular Tumors. Melanotic Sarcoma of Lamina Fusca Choroidea. Southwest Med. v. 1, p. 33.

Leal. Glioma. Tribuna Med. v. 22, p. 235.

Valli, O. Experimental Granuloma of Ocular Tissues. (8 ill.). Ann. di Ottal. e. Clin. Oculistica, v. 1, p. 284.

Zentmayer, W. Sarcoma of Orbit. Sec. on Ophth. Coll. Phys. Philadelphia, Feb. 15, 1917.

Repeated Titles. **Kosima** (6, p. 33) Ophthalmology, v. 13, p. 869. **Shiosi** (6, p. 33) Ophthalmology, v. 13, p. 876. **Speciale Cirincione** (7, p. 58) Ophth, Lit. v. 7, p. 83. **Uchida** (6, p. 33) Ophthalmology, v. 13, p. 873.

INJURIES.

Bulson, A. E., Jr. Conservative Treatment of Penetrating Wounds of Eyeball. Jour. Indiana State Med. Jour. v. 10, p. 307.

Cunningham, J. F. War Wounds of Eye and Orbit. Tr. Ophth. Soc. United Kingdom, v. 36, p. 147. Brit. Jour. Ophth. v. 1, p. 504.

Koster, W. Removal of Small Foreign Body from Anterior Chamber. Nederl. Tijdschr. v. Geneesk. 1917, p. 802.

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Abstracts From Foreign Journals

Calderaro. Extirpation of the Lacrimal Glands. (Annali di Ottalmologia é Clinica Oculistica, New Series, First Year, Page 35.)

From a series of studies of human patients Calderaro reaches the following conclusions: The abundant and continuous epiphora

persisting after destruction of the lacrimal drainage channels depends in the majority of cases upon an abnormal hypersecretion of the lacrimal glands. This disturbance ceases with removal of the orbital lacrimal gland, and even more surely with removal of the palpebral portion. This latter surgical intervention is easier and quicker, and always more efficacious, because it suppresses at the same time the function of the orbital gland by the destruction of its excretory canals. The lubricating fluid of the conjunctiva, after removal of one of the two glands referred to, is kept always alkaline by the presence of chlorides; it contains traces of albumin. The removal of the orbital gland reduces the quantity of tears below the physiologic mean.

After the removal of the orbital gland there is a period of from two to six days during which the conjunctiva is either not at all or scantily lubricated; subsequently this condition improves and the moistening becomes sufficient to keep the conjunctiva normal. The quantity of tears is then diminished by instillations of cocaine, and increased by local or reflex mechanical irritations. But this increase is always inferior to that which occurs while the lacrimal appartus is normal.

Removal of the palpebral gland produces abrupt disappearance of the lacrimal secretion, by simultaneous suppression of the secretory contribution of the orbital gland. There is then a period of about ten days' duration, in which the conjunctiva is not lubricated and assumes a xerotic aspect; when the conjunctiva is normal its condition of lubrication improves little by little until it is restored to physiologic limits there being established a vicarious hypersecretion of the subconjunctival glands. This moistening of the conjunctiva is also diminished by cocaine and increased by local or distant stimuli. The lacrimation of crying is much diminished after removal of the orbital gland and is totally lacking after the removal of the palpebral gland.

In old chronic trachoma there are always present changes in the subconjunctival lacrimal glands which may in large part atrophy and disappear; in which case removal of the orbital gland and still more so removal of the palpebral gland may expose the eye to unhappy results from xerosis and conjunctival atrophy. The microbic content of the conjunctiva in case of abundant epiphora following removal of the lacrimal sac is very scanty and inactive even after prolonged bandaging whereas after removal of one of the two lacrimal glands there is an increase in the microbic content and a disappearance of virulent pathogenic germs, especially after bandaging. When the conjunctiva is affected by chronic trachoma the increase in the microbic content is greater, even to the point of compromising the integrity of the cornea.

Removal of the palpebral gland may be executed with impunity when the conjunctiva is normal; but is always contraindicated in extensive and deep forms of cicatricial degeneration of the conjunctiva; in these cases constructive is to be preferred to destructive surgery of the lacrimal drainage channels.

Marchi, F. A. Trachomatous Pannus in the Form of Tumors. ("Plasmomas of the cornea.") (Archivio di Ottalmologia, 23rd year, p. 611.)

In each of the two cases described, there developed in an eye affected with trachoma a small tumor; in the central region of the cornea in the first case, and in the second case in the bulbar conjunctiva contiguous to the limbus and in the cornea. Clinically these tumors of the cornea were sharply limited, projected from the corneal plane for more than two millimeters, and presented a rosy gray color, convex and irregular surface, and a fleshy consistency. They were thus easily to be confused with sarcomata of the cornea. Their occurrence in similar cases of more or less old trachoma, however, suggests

with great probability that they represent an atypical trachomatous pannus; even though as in the first case reported, the tumor arose from the central region of the cornea without any connection with the corneal limbus or with the bulbar conjunctiva.

The histologic examination in both cases showed an identical structure. The principal mass of the tumor was composed exclusively of plasma cells, with abundant new-formed blood-vessels with extremely thin walls. The tumor rested upon the corneal parenchyma, of which it infiltrated merely the superficial layers; and was covered on the surface by an epithelium which gave origin to numerous prolongations which entered, especially in the first case, deeply into the principal mass of the tumor. The tumors, instead of being malignant, represented a chronic inflammatory process exactly corresponding in histologic structure to trachomatous corneal pannus. The article is accompanied by a number of excellent micro-photographic and other illustrations.

Sunseri, F. Porges' Reaction for Syphilis in Ophthalmology. (Annali di Ottalmologia e Clinica Oculistica, New Series, First Year, Page 97.)

Two tables are given. The first indicates the results in eighty cases of various eye diseases, in all of which the result obtained from Porges' reaction was compared with that obtained from the Wassermann test; and in ten of which the Von Pirquet test was also made. (The Porges' reaction is obtained by mixing sodium glycocholate with the suspected serum.) The second table reviews twenty-two cases of various general diseases, in which for the most part the result from Porges' reaction was compared with that obtained from the Wassermann test, but in a few of which the Porges' reaction was compared with the result of a Widal Von Pirquet, or Wright (for Malta fever) test. The eighty cases of the first table yielded twenty-one positive and three doubtful with the Porges, nineteen positive and two doubtful with the Wassermann. In a case of subconjunctival gumma, the Wassermann gave a negative and the Porges a positive reaction, and the syphilitic patient got well under special treatment. Two cases, doubtful with the Wassermann test, were positive with the Porges; and three cases doubtful with the Porges were positive with the Wassermann, all of these patients recovering under specific treatment.

The author therefore considers that the Porges test responds excellently. Positive results were obtained with it in cases of parenchymatous keratitis, iritis, retinitis, optic atrophy, etc. In the twenty-two cases of the second table the tests were made to determine the specificity of the Porges reaction, which was never found to give a positive reaction in non-syphilitic conditions, with the exception of a case of Malta fever. Negative results were given by cases of abdominal typhoid, pemphigus, malaria, and conditions not diagnosed clinically. On the other hand, in two cases of initial syphiloma, only the Porges test gave a positive reaction in the early stage. The author concludes that the Porges reaction is specific as regards ocular syphilis.

Verderame, F. Disturbed Oculo-palpebral Muscular Synergism with Congenital Abducens Paralysis. (Annali di Ottalmologia 44th year, page 779.)

The patient, a youth of sixteen years, came for correction of strabismus. There was noted a tendency to turn the head slightly toward the left side. The right eye and its relations were normal in every way. The left palpebral fissure was very slightly narrower than the right. There was an internal strabismus of this eye of twenty-eight degrees. The excursions of the eye up, down, and inward were normal, and there was no suggestion of retraction of the eyeball. When the patient was invited to look toward the temporal side of this eye,

the eyeball stopped at the median line, and did not succeed in going beyond it. When an attempt was made to carry this eye into the extreme external position, the eyeball deviated downward and slightly outward, with a suggestion of rotation inward; at the same time there was observed an evident elevation of the upper lid of the same side, accompanied by a corrugation and raising of the left eyebrow. This phenomenon was absent in every other excursion of the eyeball. When the physician's left thumb was pressed upon the region of the left frontal muscle, against the frontal bone, and the patient was invited to follow the index finger of the physician's right hand to the extreme temporal position, the left eye was again carried as far as the median line and slightly downward, but the elevation of the upper lid of this side was completely lacking. There were no associated movements of the lid in masticating, in opening the mouth, or in convergence. The pupils were equal and the pupillary reactions normal. Under three per cent cocaine, the left palpebral fissure was slightly narrower than the right, and the left pupil dilated slightly less than the right. Double images were not complained of and it was not possible to provoke them. The vision of this eye was counting fingers at five meters, unimproved by correction of a moderate astigmatism. The visual field was markedly limited toward the temporal side.

The case was operated upon by Gonin's method of advancement; that is the external rectus of the left eye was split back for about a half centimeter after dividing its attachment, the posterior end of the split portion of the tendon was then sutured to the tendinous stump, and the two anterior ends were sutured high and low to the corneal limbus. The operative result was reduction of the angle of strabismus to four degrees.

The literature of the subject is reviewed at some length.

Ophthalmic Journals

American Journal of Ophthalmology, St. Louis, Mo.

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